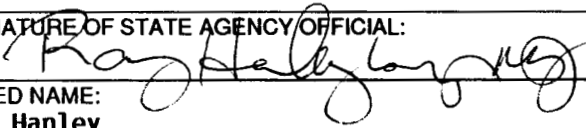



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>0 2 — 0 1 1</u>	2. STATE: Arkansas
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE July 1, 2002	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.130(d)		7. FEDERAL BUDGET IMPACT: a. FFY <u>2002</u> \$ <u>-0-</u> b. FFY <u>2003</u> \$ <u>-0-</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 6b Attachment 3.1-B, Page 5e		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same, Approved 03-26-02, TN 02-06 Same, Approved 03-26-02, TN 02-06	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to add Pharmacological Management by an Advanced Practice Nurse as a Rehabilitative Services for Persons with Mental Illness (RSPMI) service.			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Division of Medical Services P. O. Box 1437 Little Rock, AR 72203-1437 Attention: Binnie Alberius Slot S295	
13. TYPED NAME: Ray Hanley			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: April 15, 2002			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 19 APRIL 2002		18. DATE APPROVED: 05/05/2002	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/2002		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: CALVIN G. CLINE		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID AND STATE OPERATIONS	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 6b

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 2002

CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (Continued)

1. Rehabilitative Services for Persons with Mental Illness (RSPMI) - (Continued)

b. Acute Day Treatment ¹

c. Restricted RSPMI Services

- Assessment-Reassessment and Plan of Care
- Crisis Stabilization Intervention ¹
- On-Site Intervention ^{1,2}
- Off-Site Intervention ^{1,2}
- Rehabilitation Day Services ^{1,2}

d. Other RSPMI Services

- Crisis Intervention
- Physical Examination
- Medication Maintenance by a Physician ^{1,2}
- Periodic Review of Plan of Care
- Routine Venipuncture for Collection of Specimen
- Catheterization for Collection of Specimen
- Collateral Intervention ²
- Inpatient Visits in Acute Care Hospitals by Board Certified Psychiatrists
- **Pharmacological Management by an Advanced Practice Nurse ³**

¹ Effective April 1, 2000, these services require prior authorization for eligible Medicaid recipients age 21 and over to determine and verify the patient's need for services.

² Effective April 1, 2002, these services require prior authorization for eligible Medicaid recipients under age 21 to determine and verify the patient's need for services.

³ Effective July 1, 2002, the service requires prior authorization for Medicaid recipients of all ages.

SUPERSEDES: TN- AR-02-06

STATE <u>Arkansas</u>	A
DATE REC'D <u>04-10-02</u>	
DATE APP'D <u>05-06-02</u>	
DATE EFF <u>07-01-02</u>	
HCFA 179 <u>AR-02-11</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 5e

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 2002

MEDICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (Continued)

1. Rehabilitative Services for Persons with Mental Illness (RSPMI) - (Continued)

b. Acute Day Treatment ¹

c. Restricted RSPMI Services

- Assessment-Reassessment and Plan of Care
- Crisis Stabilization Intervention ¹
- On-Site Intervention ^{1,2}
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SUPERSEDES: TN- AR-02-06

STATE <u>Arkansas</u>	A
DATE REC'D <u>04-16-02</u>	
DATE A-PVD <u>05-06-02</u>	
DATE EFF <u>07-01-02</u>	
HCFA 179 <u>AR-02-11</u>	